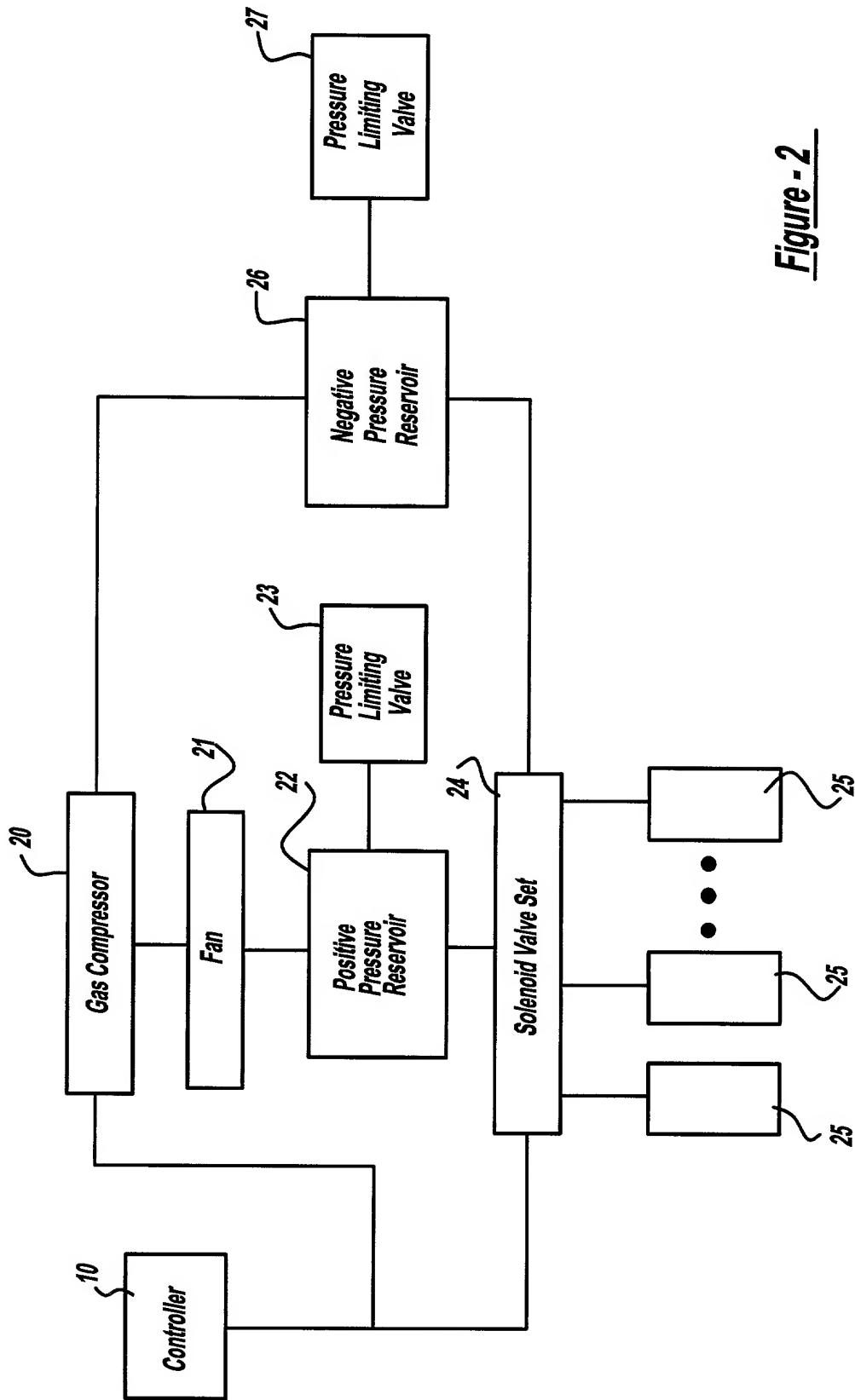
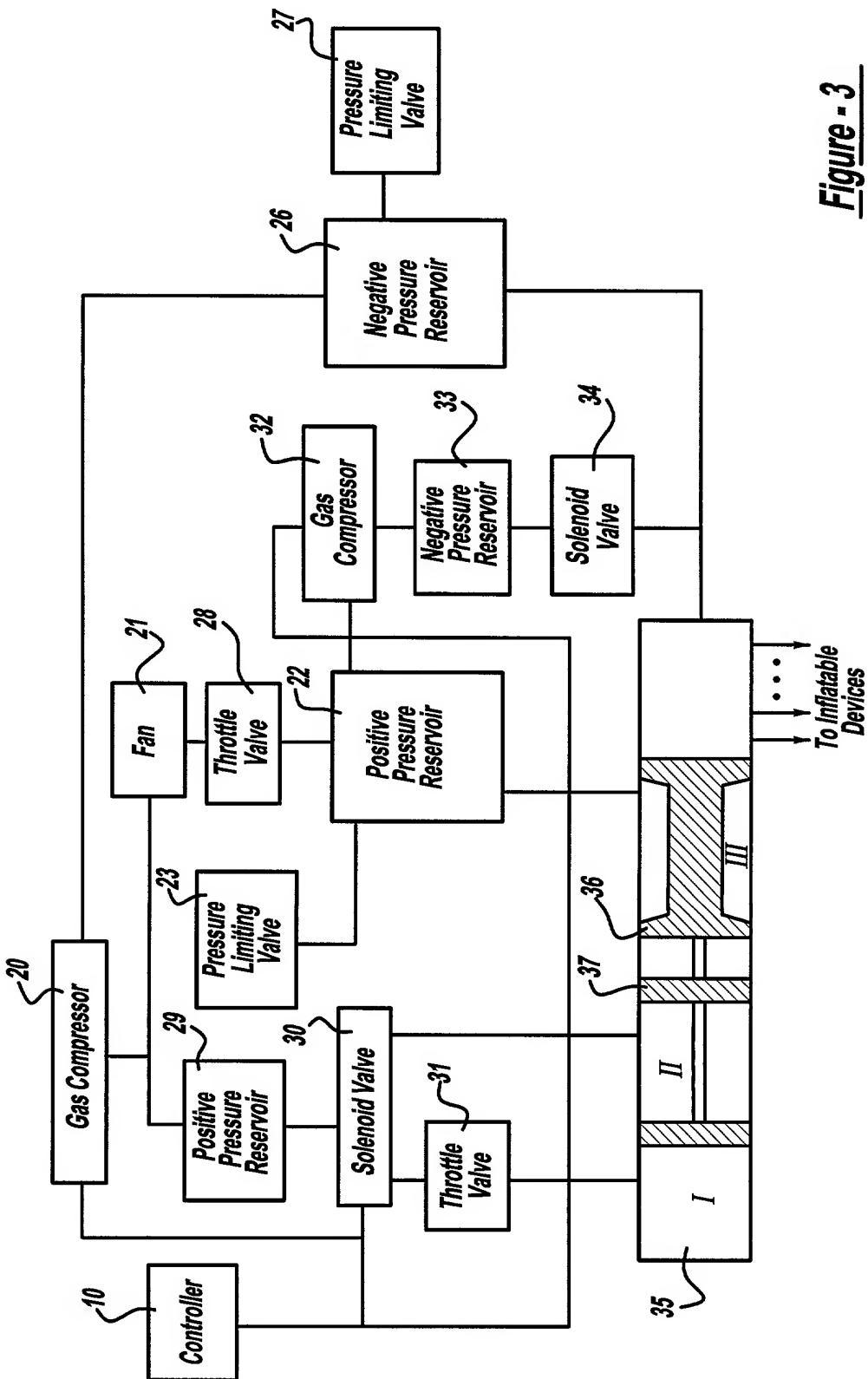


Figure - 1





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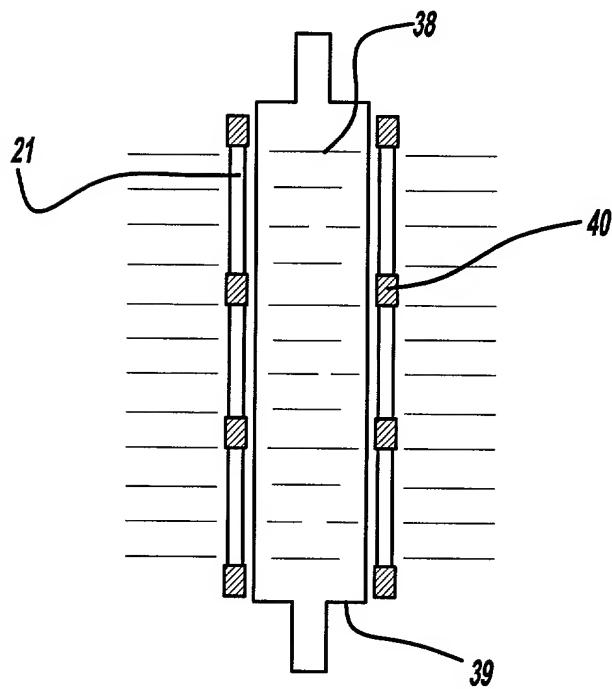


Figure - 4A

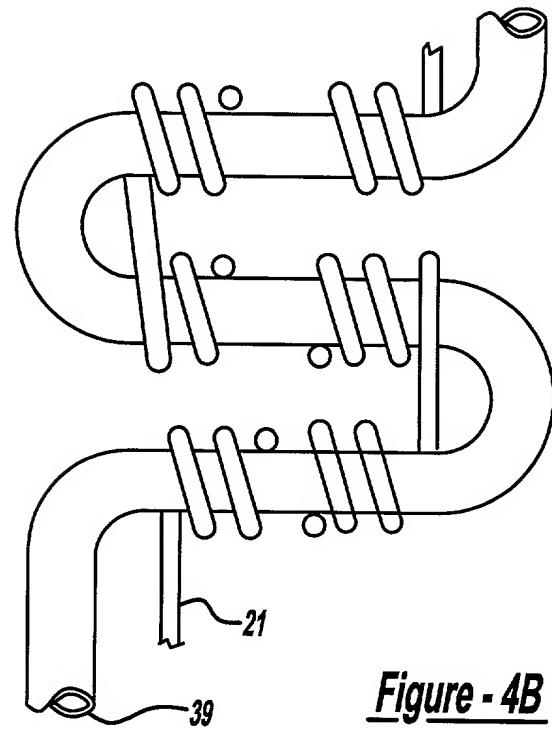


Figure - 4B

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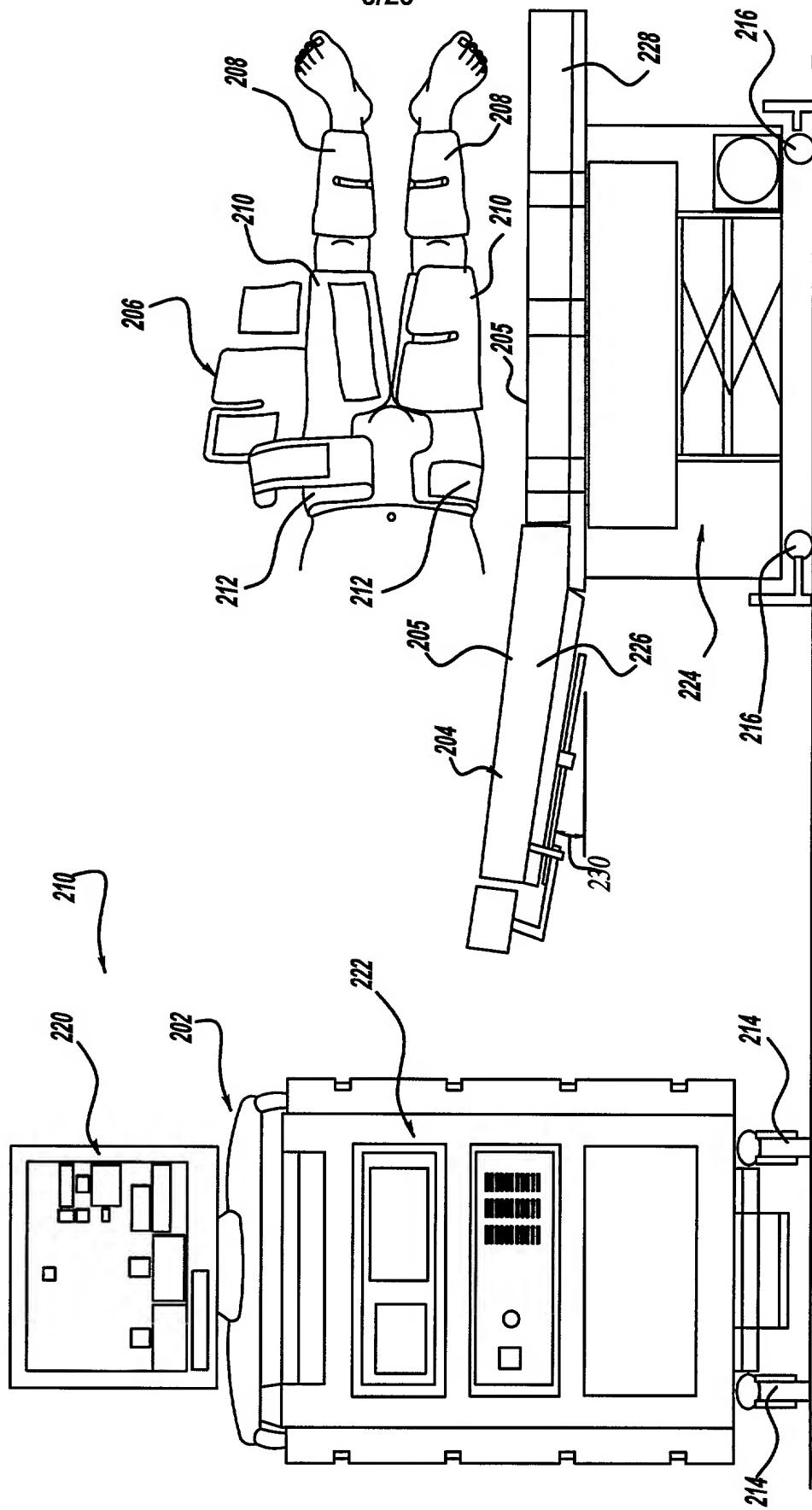


Figure . 5

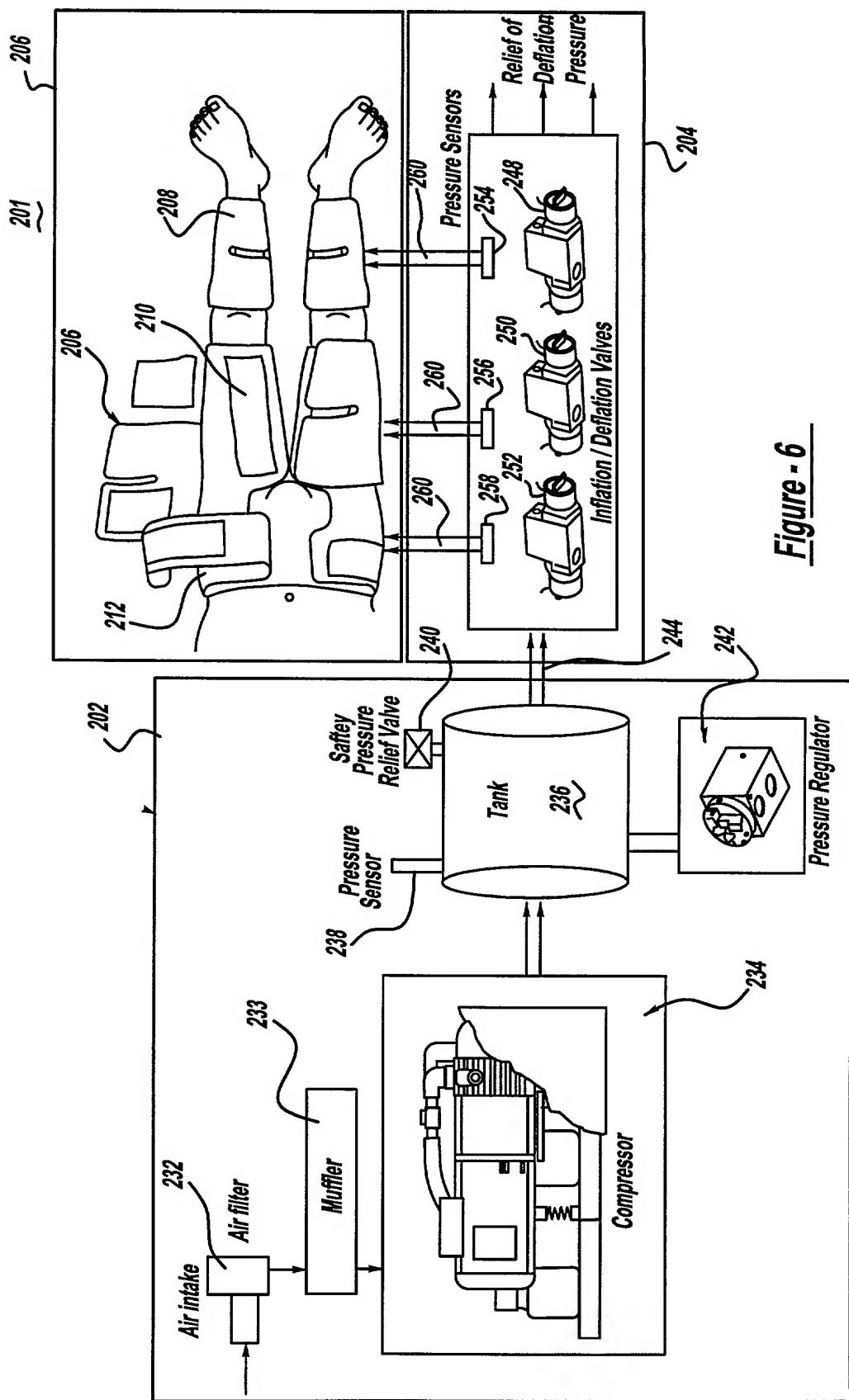


Figure - 6

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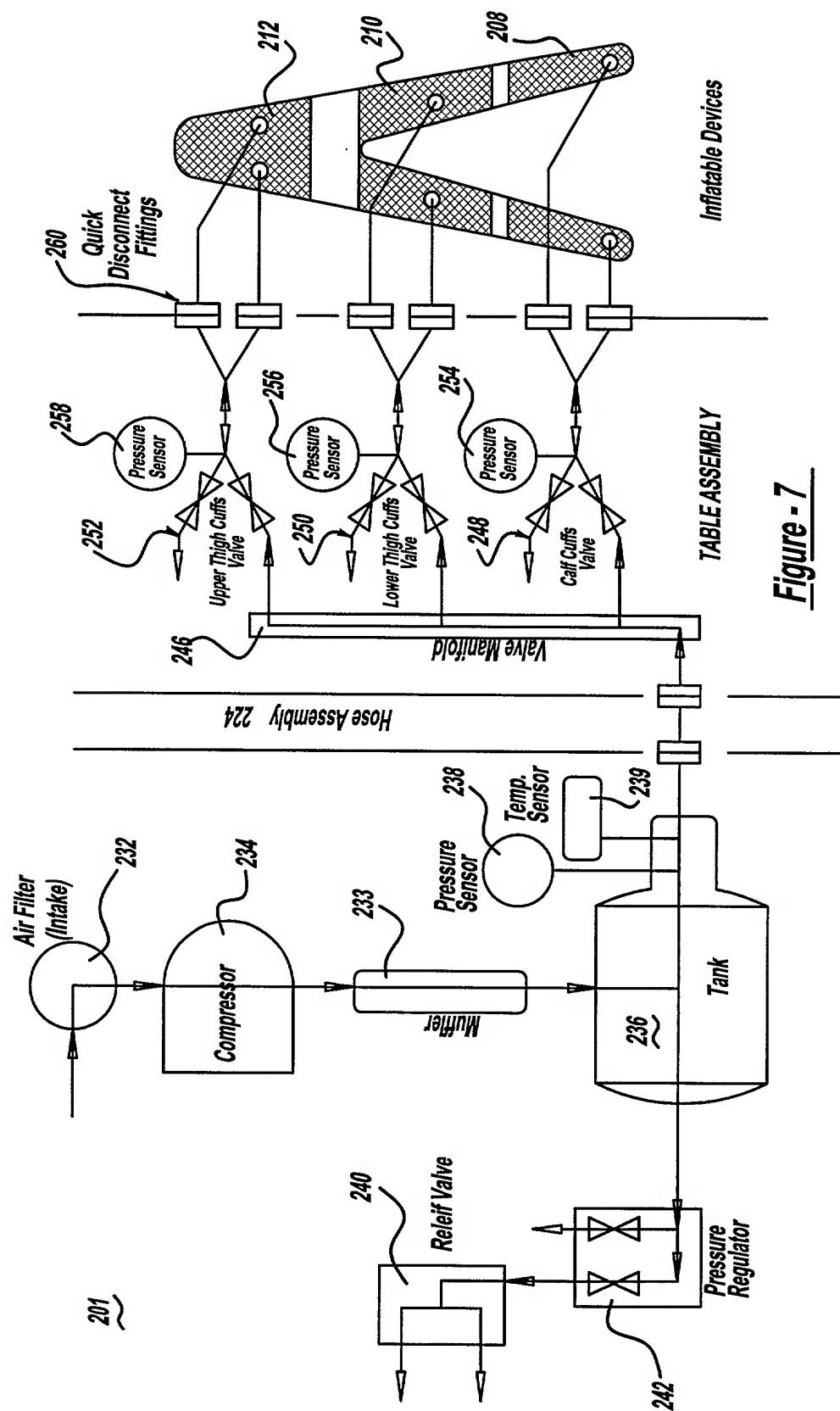


Figure - 7

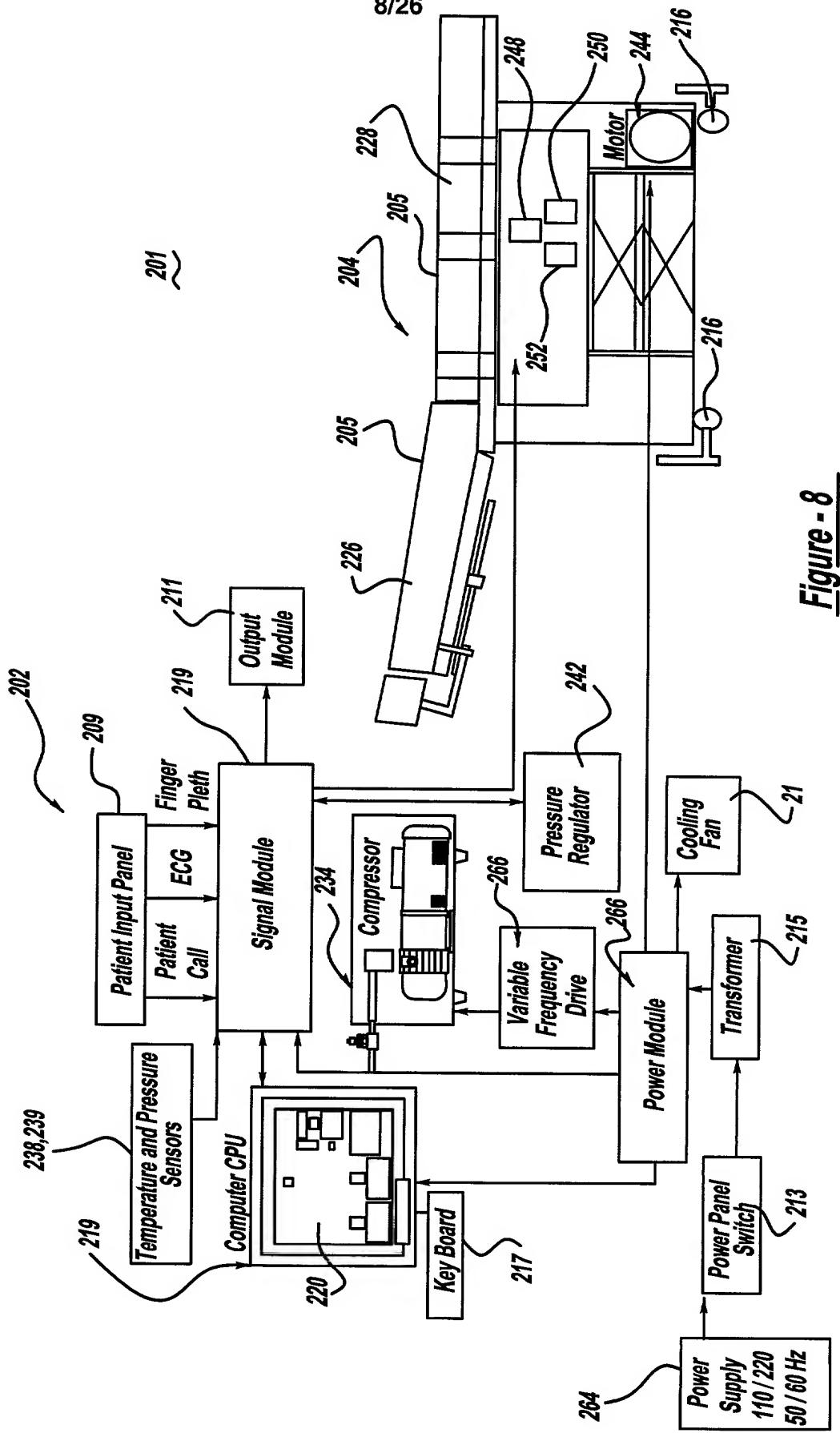


Figure - 8

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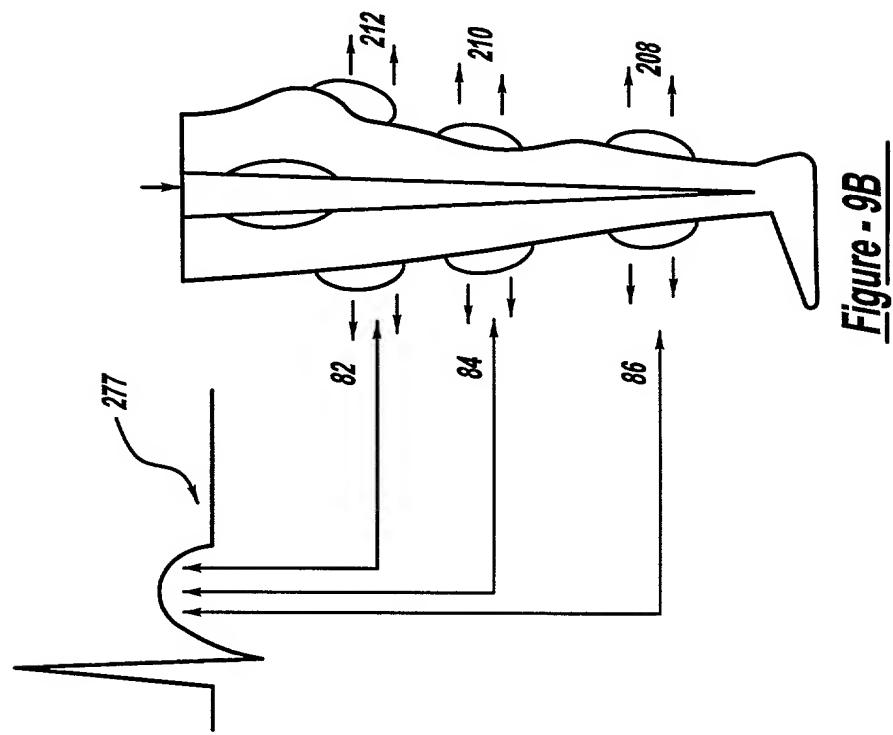


Figure - 9B

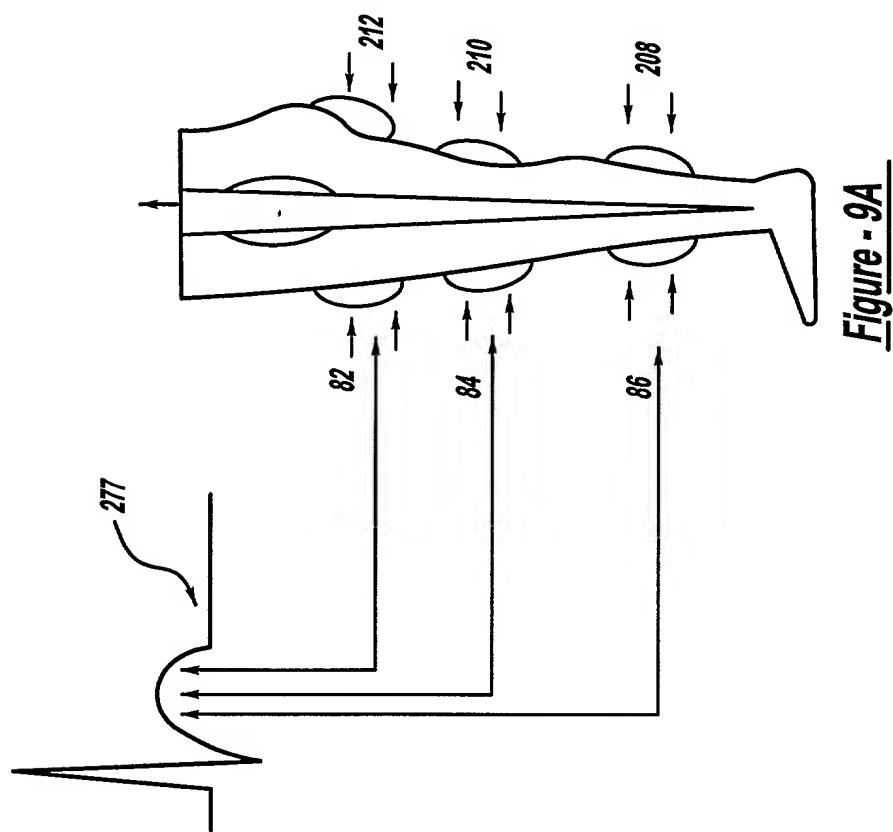
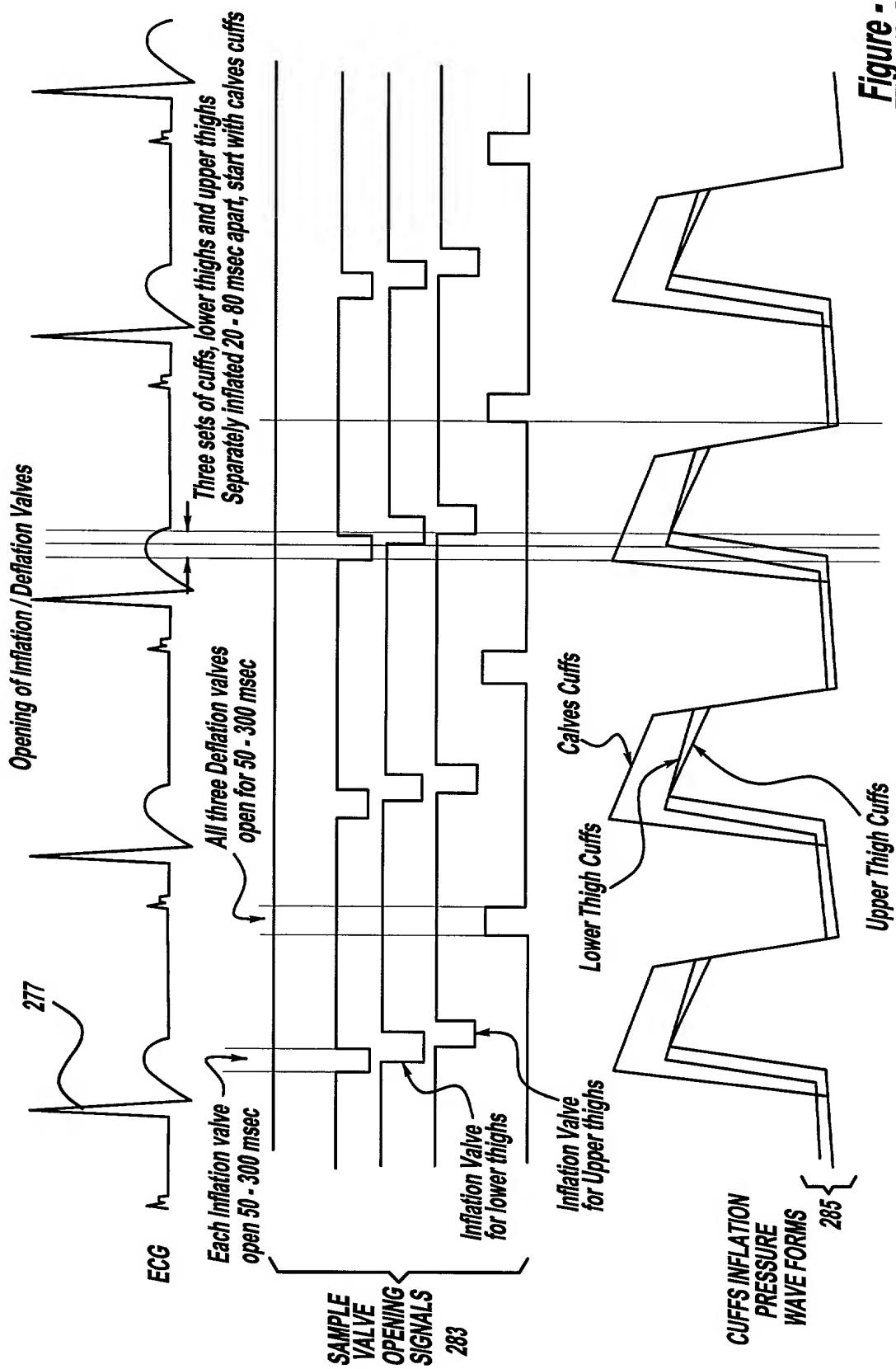


Figure - 9A

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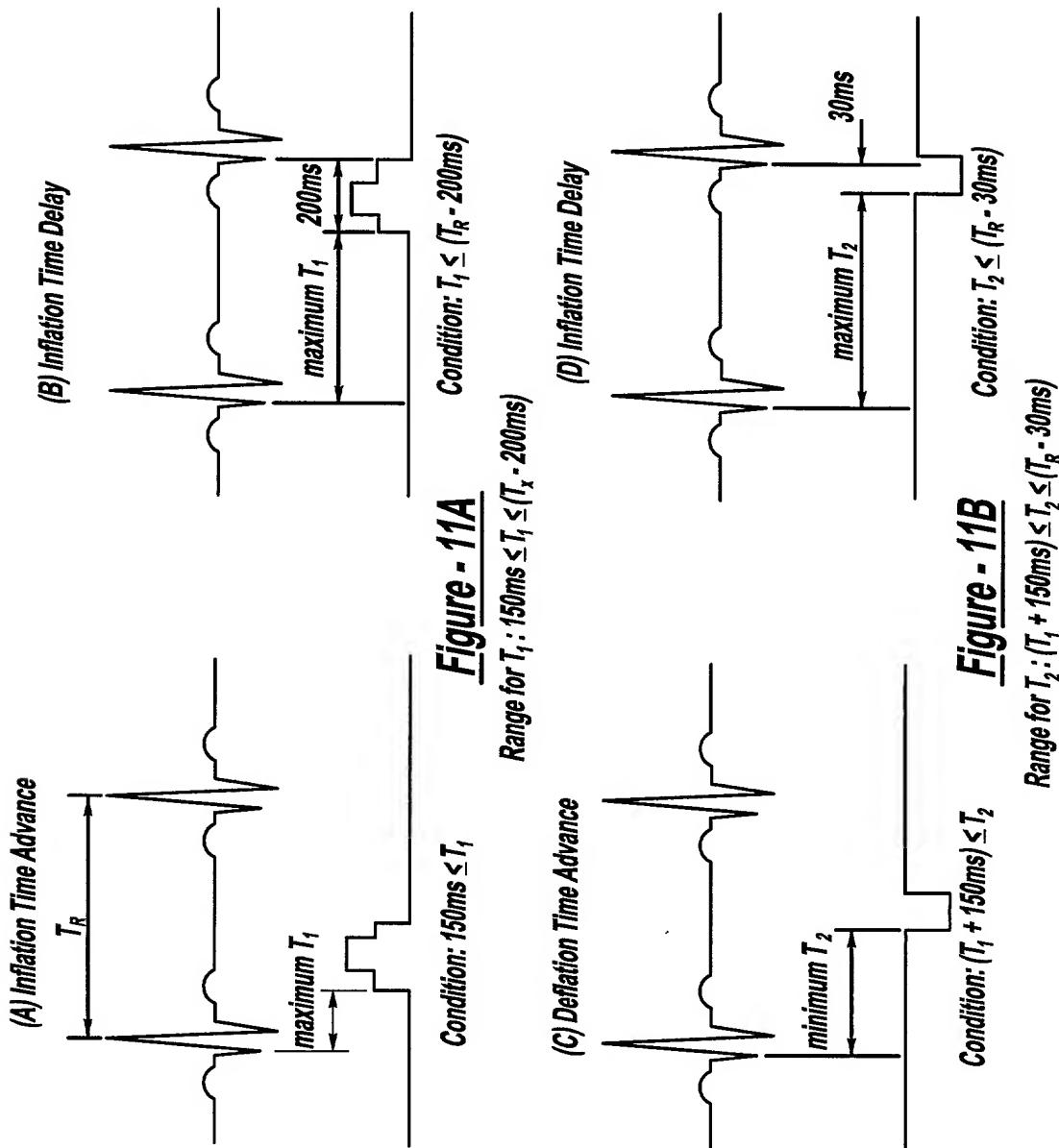
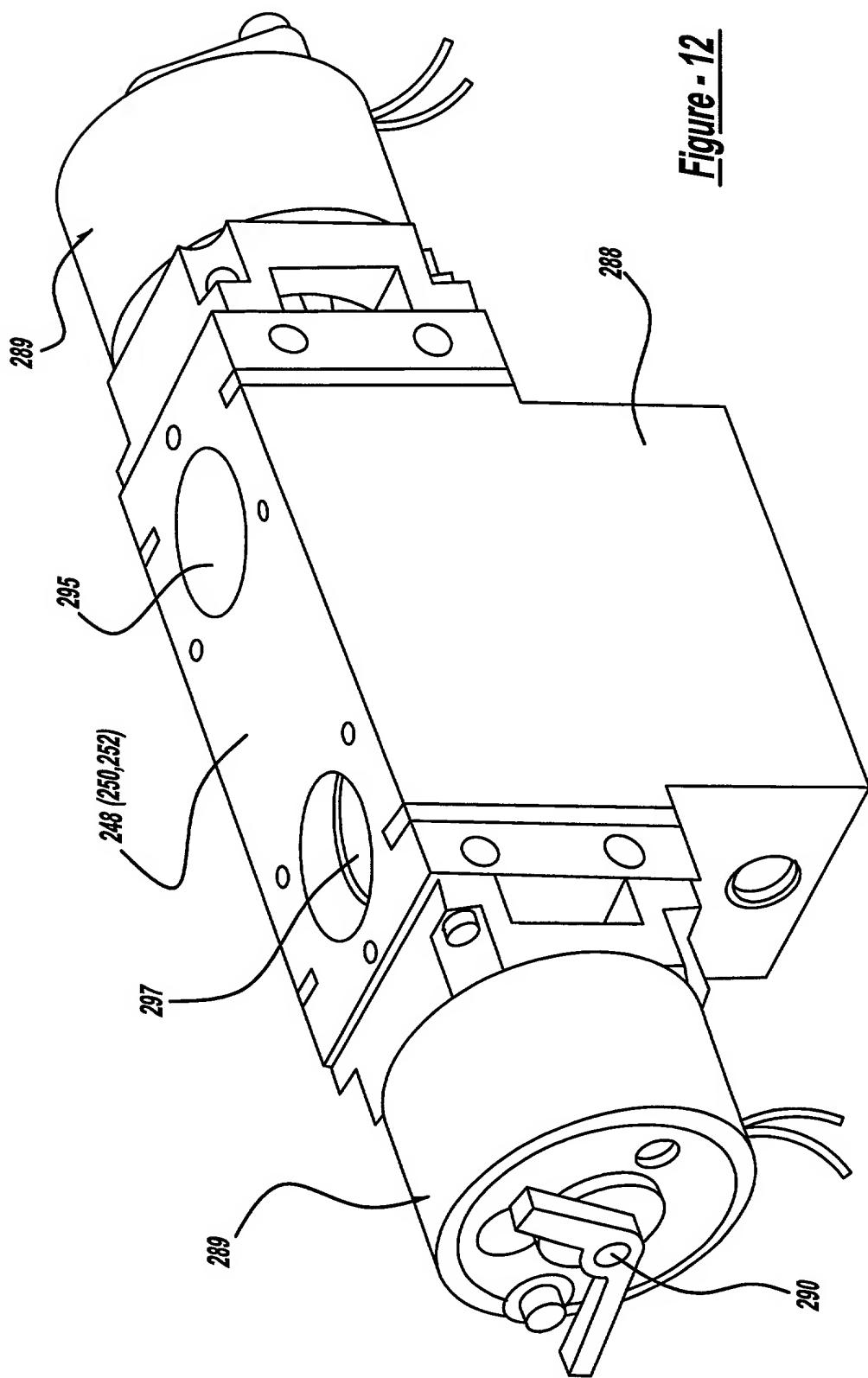


Figure - 12



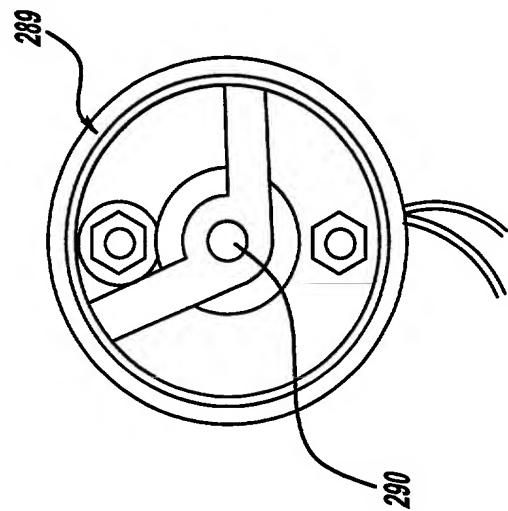


Figure - 15

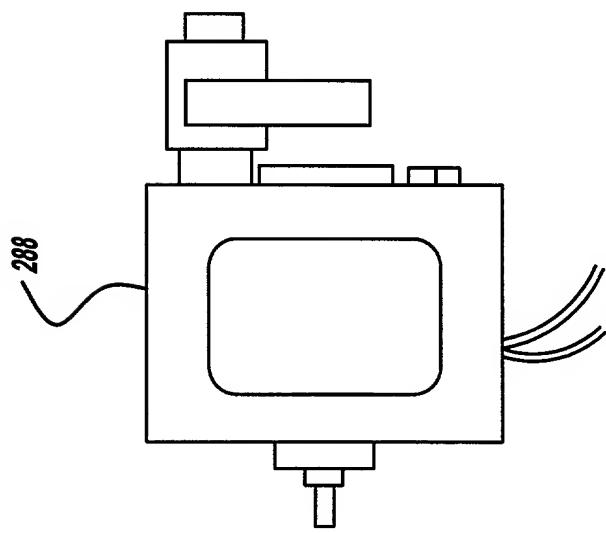


Figure - 13

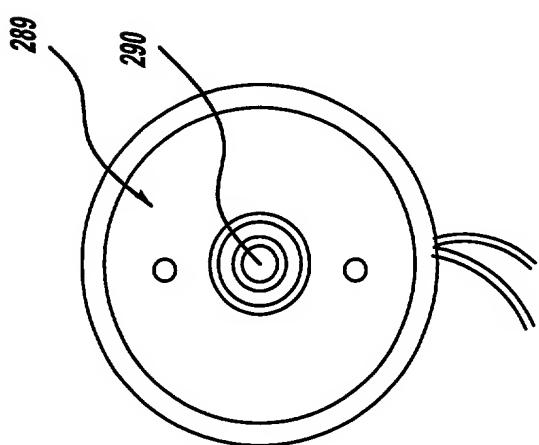


Figure - 14

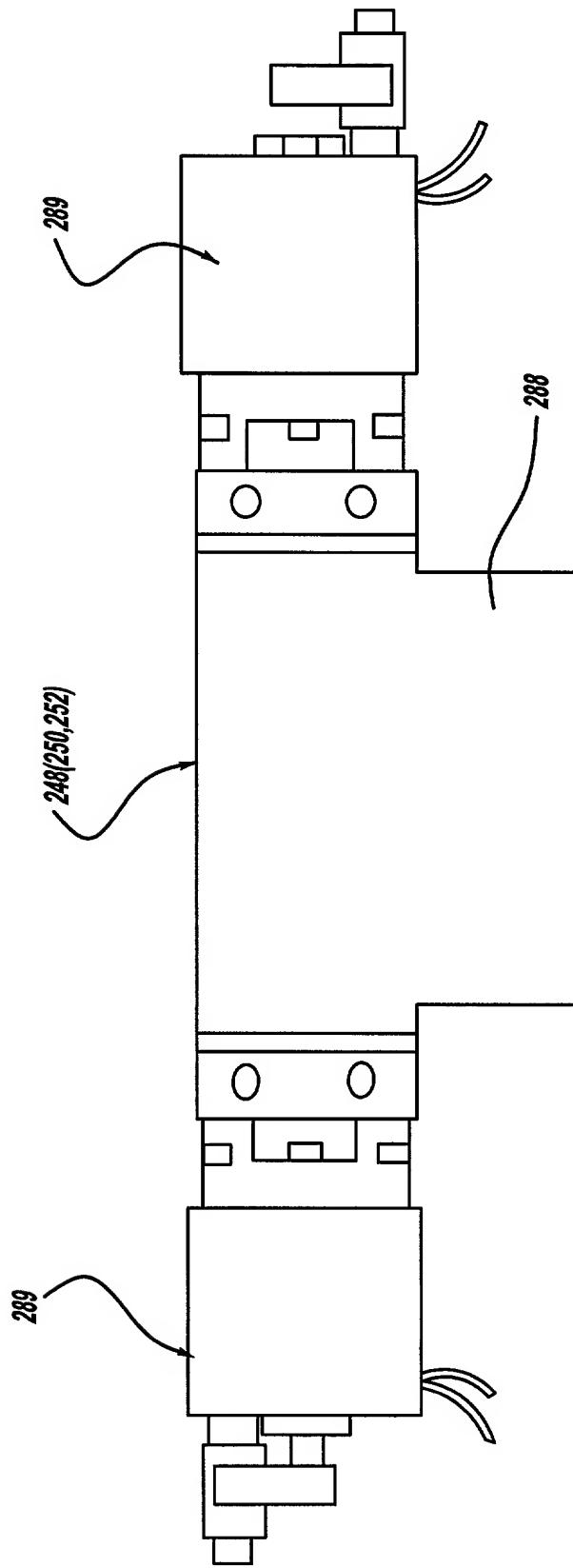
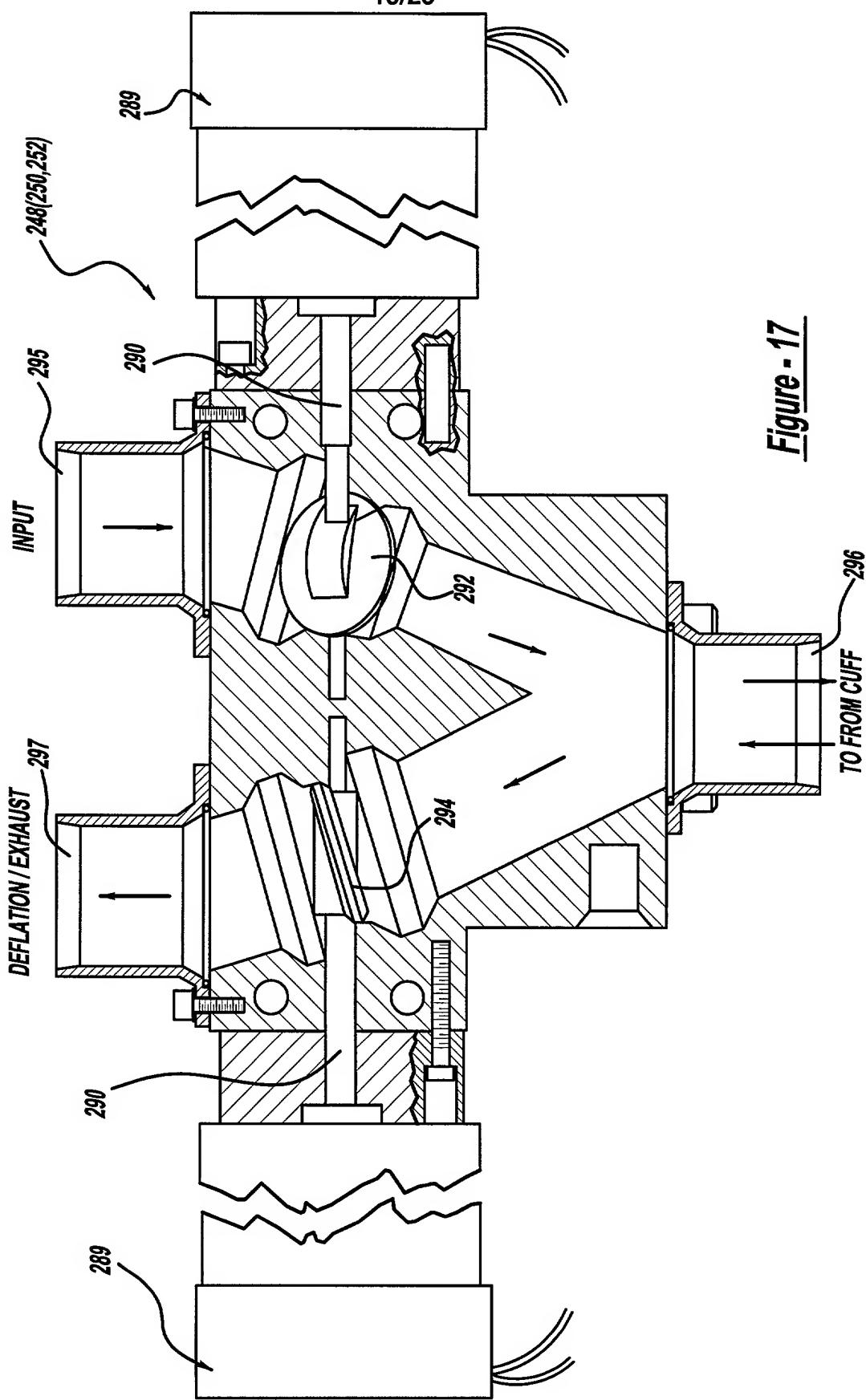


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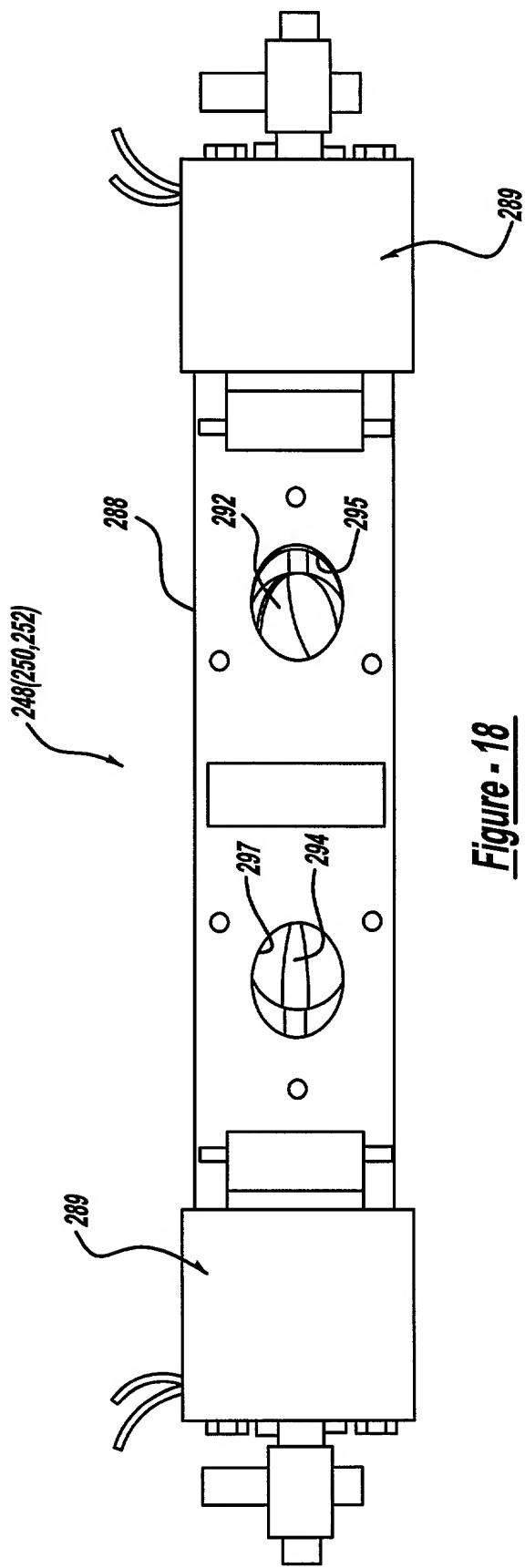
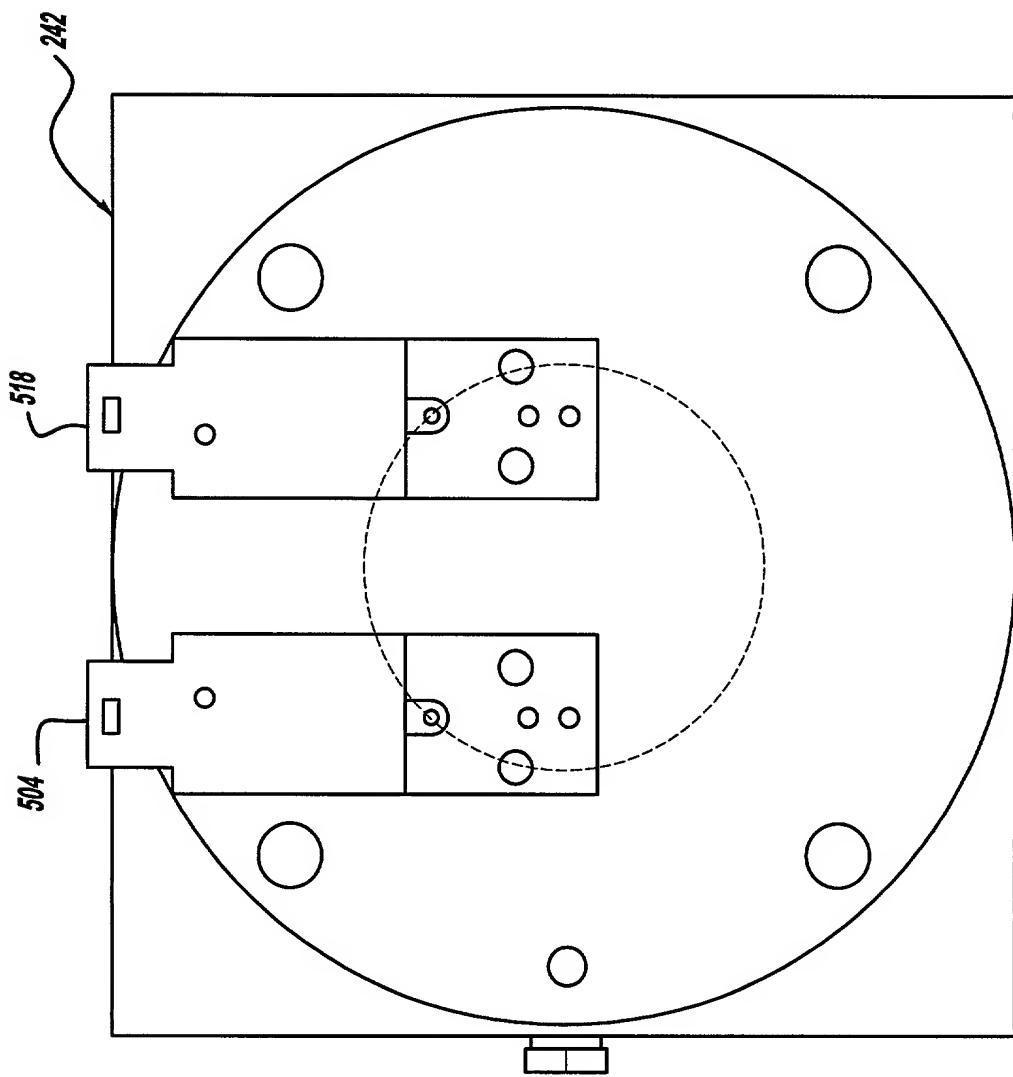


Figure - 18

Figure - 19



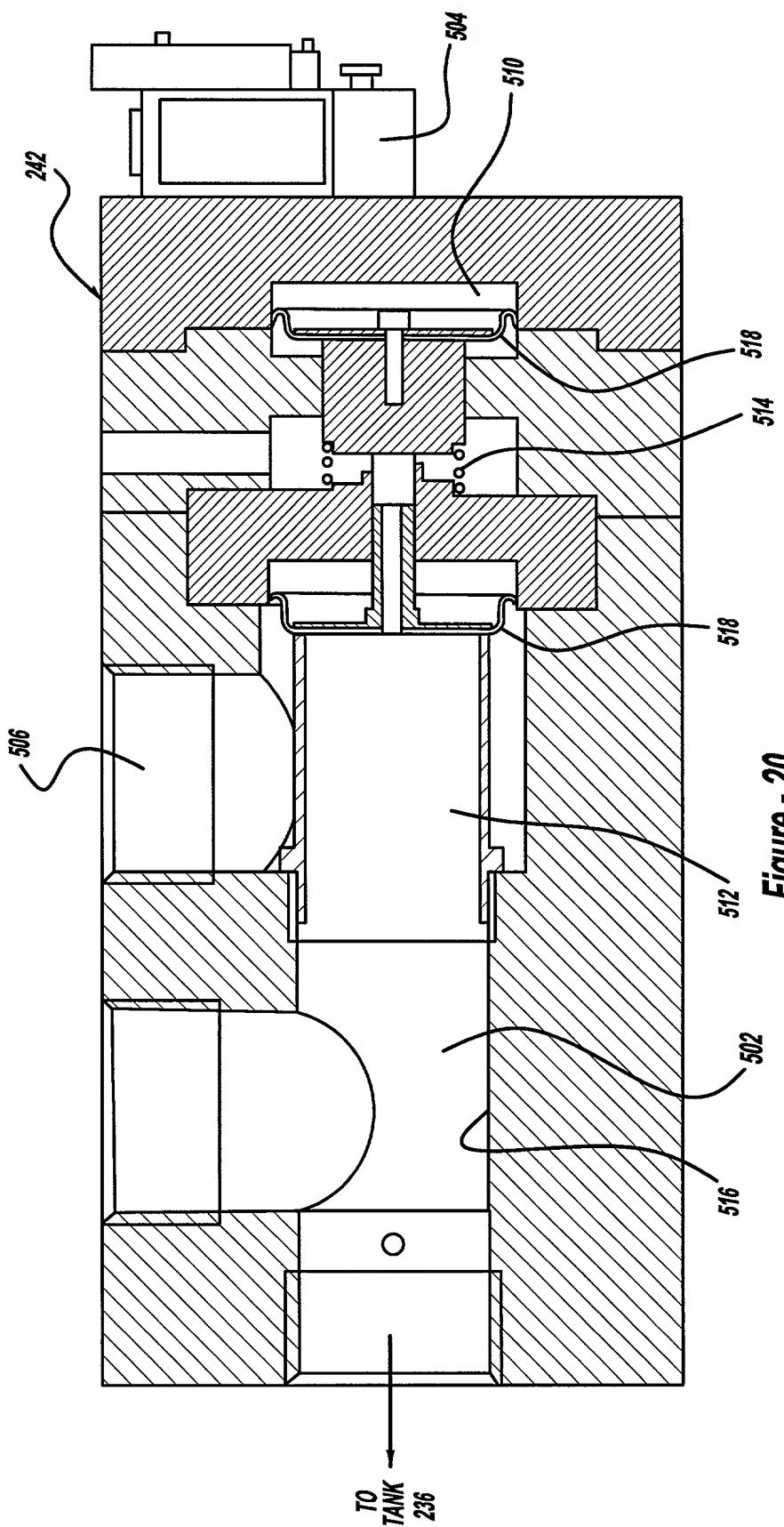


Figure - 20

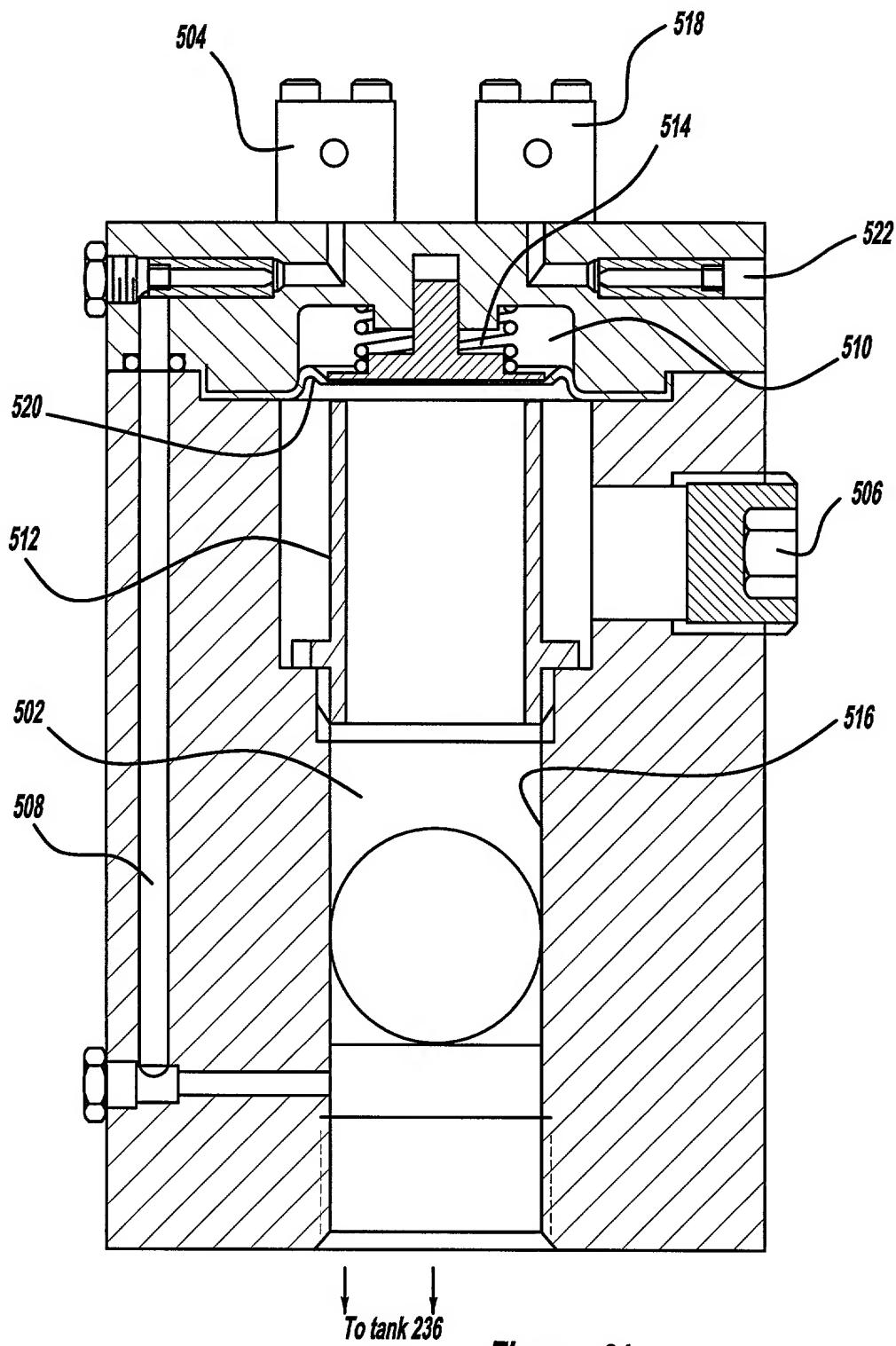


Figure - 21

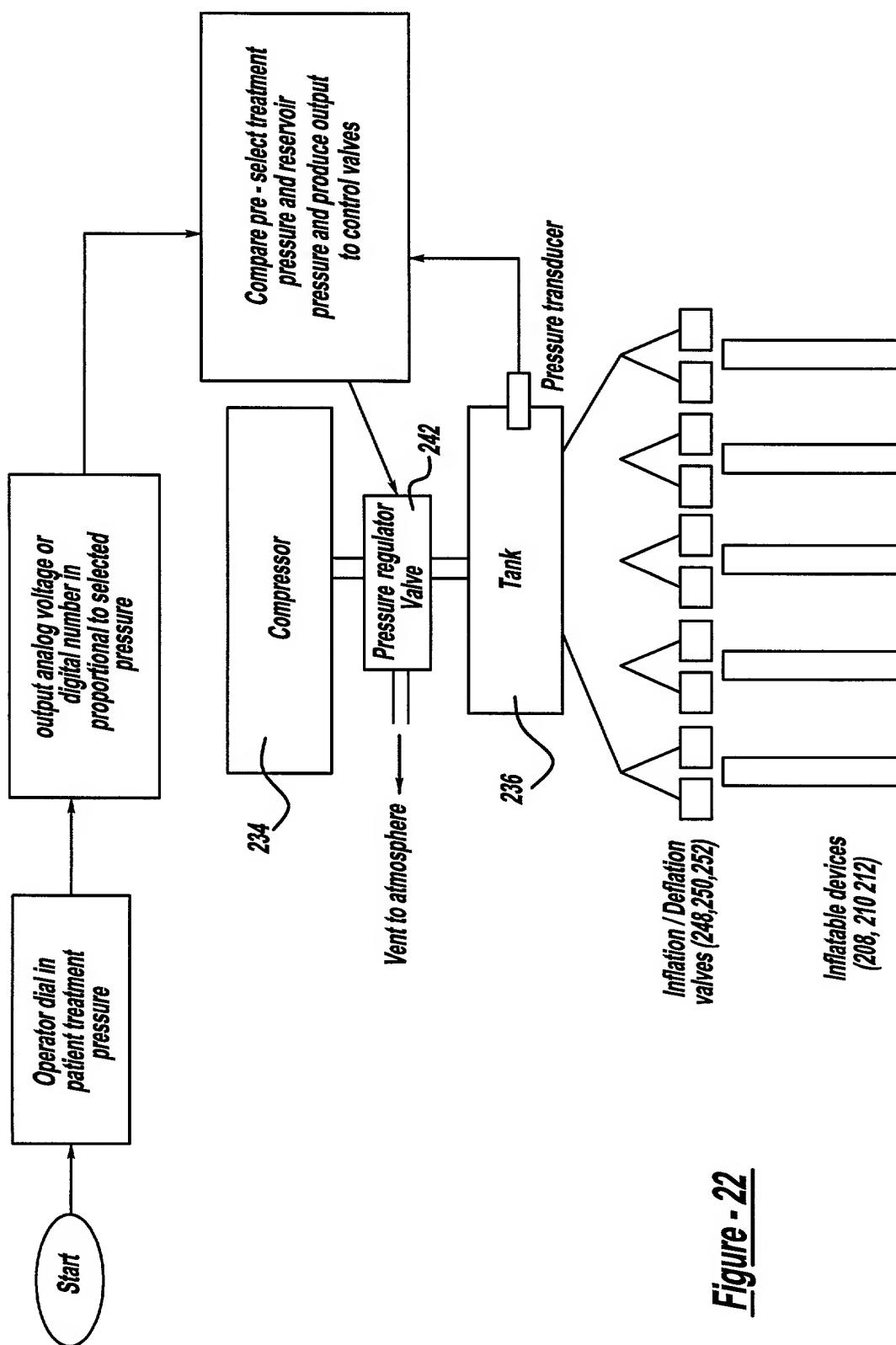


Figure - 22

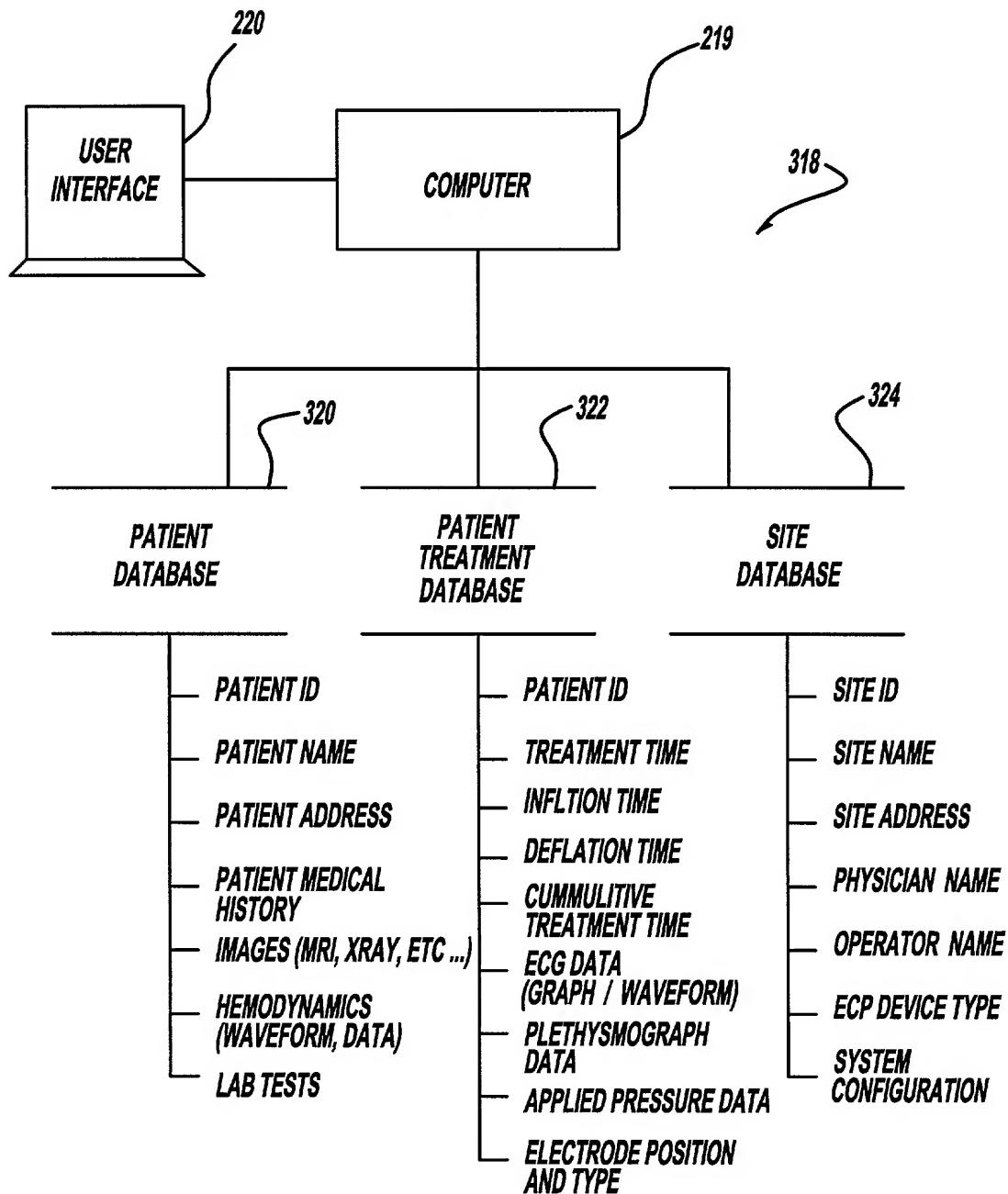


Figure - 23

Title: HIGH EFFICIENCY EXTERNAL COUNTERPULSATION APPARATUS AND METHOD FOR CONTROLLING SAME

Inventor: JOHN C. K. HUI
Atty. Ref. No.: 4857-000001/CPG

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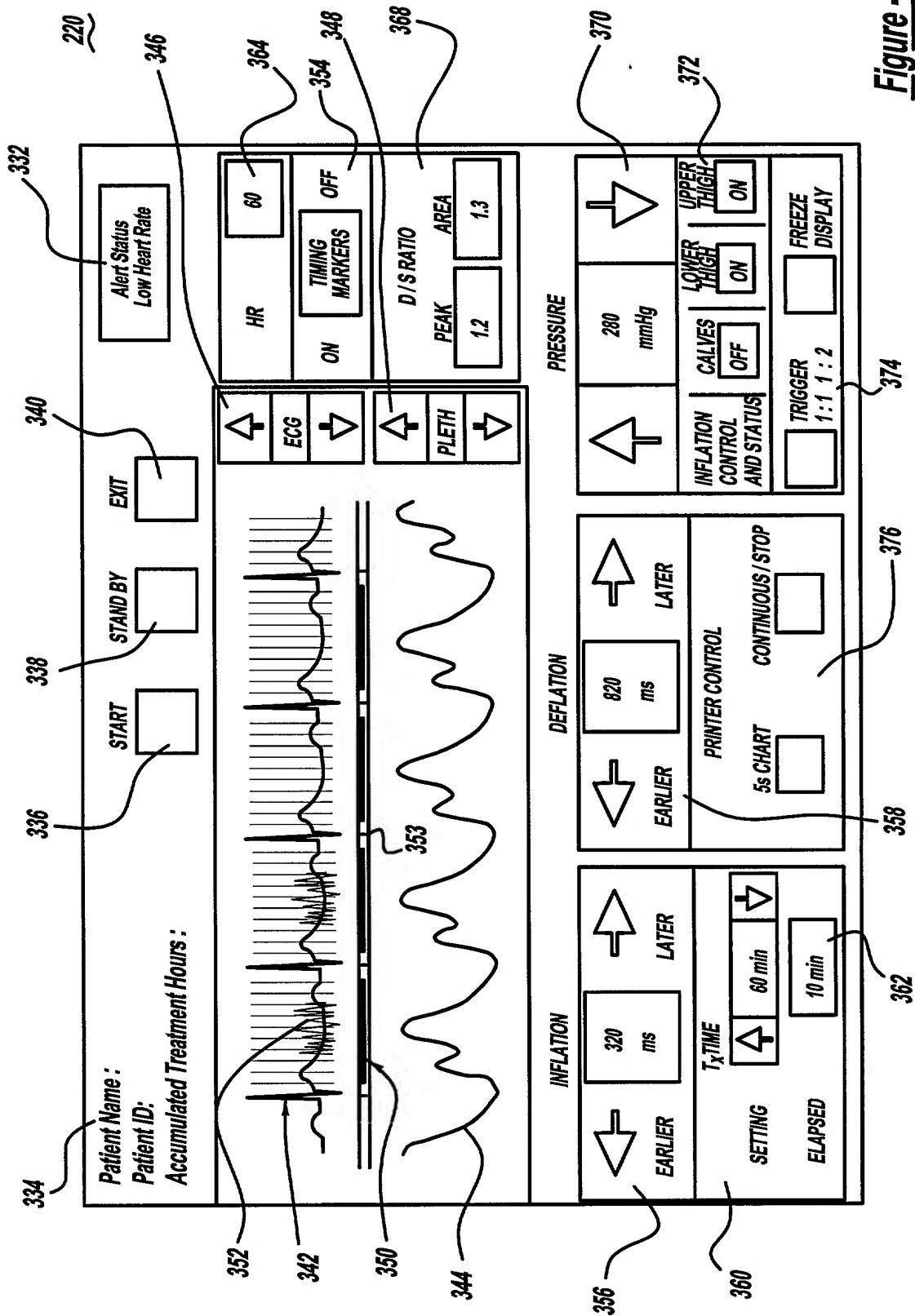


Figure - 24

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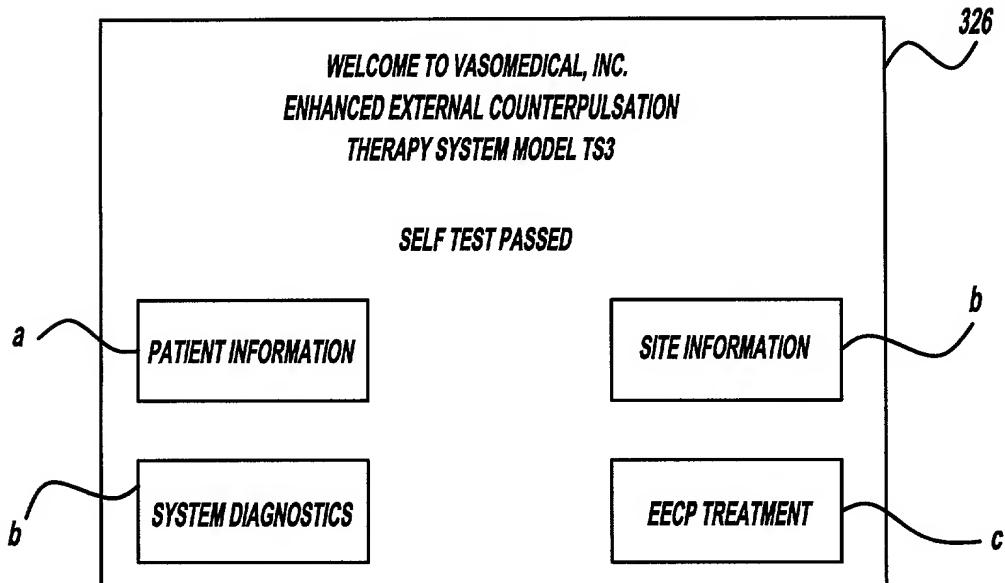


Figure - 25

NEW PATIENT INFORMATION

CLINICAL SITE NAME : _____ FIRST: _____ MI: _____

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE (ABBREVIATION): ZIP/POSTAL CODE:

PHONE NUMBER:

PATIENT ID: SEX (M = MALE F = FEMALE):

DATE OF BIRTH - MONTH: DAY: YEAR:

COMMENTS:

F1 - SAVE & EXIT

F2 - ABORT

a

b

c

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Figure - 26

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ENTER SITE INFORMATION

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CLINICAL SITE NAME : _____

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE (ABBREVIATION): ZIP/POSTAL CODE:

PHONE NUMBER:

FAX NUMBER:

PHYSICIAN IN CHARGE :

Figure - 27

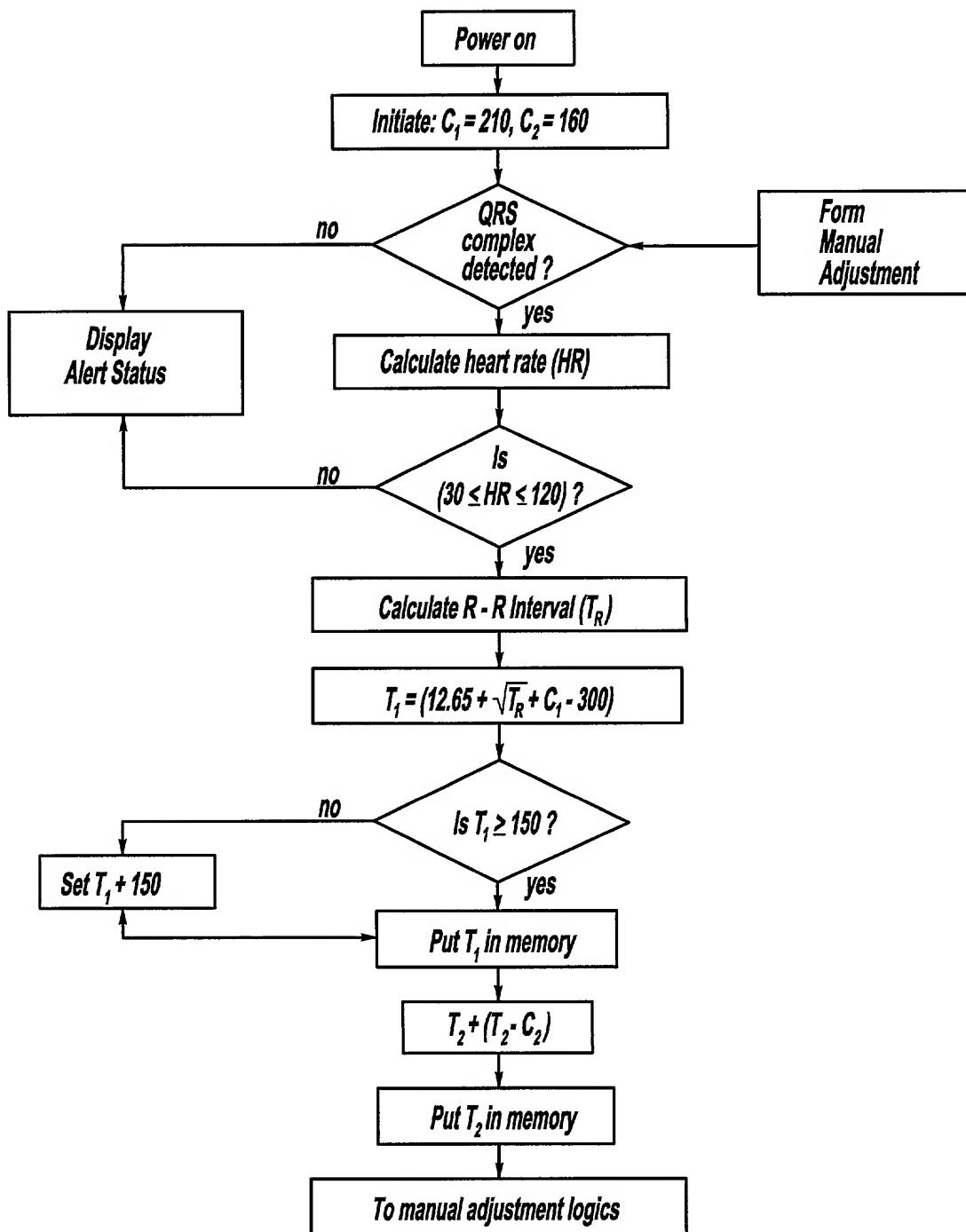


Figure - 28

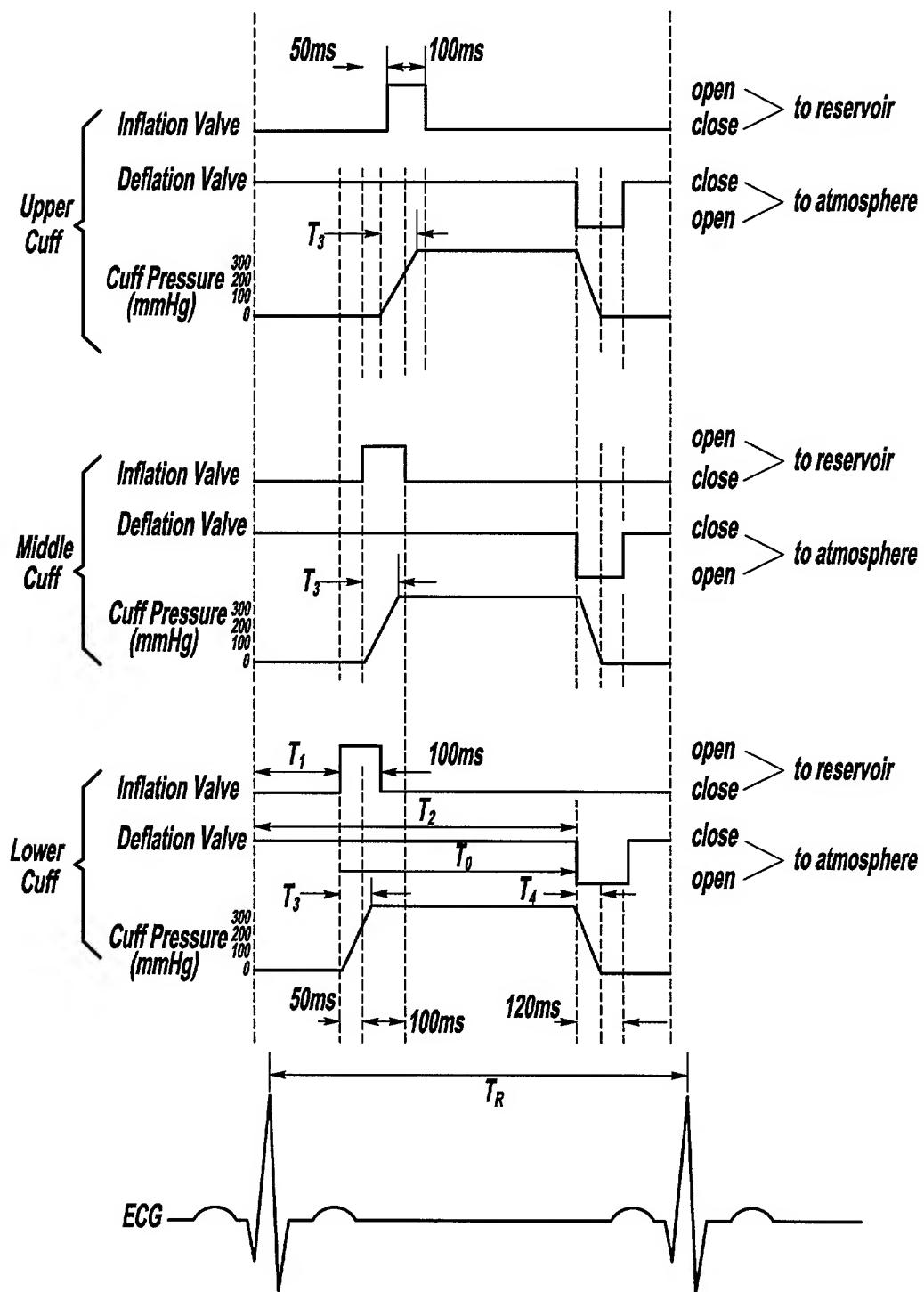


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